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ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO.

CERTIFICATE OF DEATH

REGISTRAR'S NO. 42.

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1. PLACE OF DEATH A. COUNTY <u>GRANAH</u>		2. USUAL RESIDENCE A. STATE <u>ARIZONA</u> B. COUNTY <u>GRANAH</u>	
B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) <u>PIMA RURAL</u>		C. LENGTH OF STAY IN THIS PLACE IN ARIZONA <u>36 YR</u> <u>36 YR</u>	
D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)		D. STREET ADDRESS (IF RURAL, GIVE LOCATION)	
3. NAME OF DECEASED A. (FIRST) <u>MARGARET</u> B. (MIDDLE) <u>ALICE</u> C. (LAST) <u>HAWS</u>		4. SEX <u>FEMALE</u>	5. COLOR OR RACE <u>WHITE</u>
6. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		7. DATE OF BIRTH MONTH <u>MAY</u> DAY <u>19</u> YEAR <u>1913</u>	
8. AGE YEARS <u>36</u> MONTHS <u>1</u> DAYS <u>3</u>		9. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). <u>NONE - INVALID</u>	
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>PIMA, ARIZONA</u>		11. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) <u>NO</u>		13. SOCIAL SECURITY NO. <u>NONE</u>	
14A. FATHER'S NAME <u>A.M. HAWS</u>		14B. BIRTHPLACE (STATE OR COUNTRY) <u>CENTRAL, ARIZ.</u>	
15A. MOTHER'S MAIDEN NAME <u>ALICE CLUFF, PIMA, ARIZ.</u>		15B. BIRTHPLACE (STATE OR COUNTRY) <u>PIMA, ARIZ.</u>	
16. INFORMANT'S SIGNATURE <u>A.M. Haws Pima, Ariz.</u>		17. DATE OF DEATH (MONTH) <u>JUNE</u> (DAY) <u>22</u> (YEAR) <u>1949</u>	
18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). *THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTIONS.		MEDICAL CERTIFICATION I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Tuberculosis</u> ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. _____ _____ _____ INTERVAL BETWEEN ONSET AND DEATH <u>about 1 yr</u>	
19A. DATE OF OPERATION _____		19B. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY) _____		21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.) _____	
21C. (CITY OR TOWN) _____ (COUNTY) _____ (STATE) _____			
21D. TIME (MONTH) (DAY) (YEAR) (HOUR) (MIN) (SEC) OF INJURY _____		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR? _____			
22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>May 9 - 1949</u> TO <u>June 1, 1949</u> . THAT I LAST SAW THE DECEASED ALIVE ON <u>June 1, 1949</u> , AND THAT DEATH OCCURRED AT <u>4:10 P.M.</u> FROM THE CAUSES AND ON THE DATE STATED ABOVE.			
23A. SIGNATURE <u>J. M. Stratton M.D.</u>		23B. ADDRESS <u>Safford, Ariz.</u>	
23C. DATE SIGNED <u>June 23/49</u>			
24A. BURIAL CREMATION REMOVAL <input checked="" type="checkbox"/>		24B. DATE <u>June 23/49</u>	
24C. NAME OF CEMETERY OR CREMATORY <u>PIMA ARIZONA CEMETERY</u>		24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <u>PIMA, ARIZONA</u>	
25A. DATE REC'D BY LOCAL REG. <u>July 9/1949</u>		25B. REGISTRAR'S SIGNATURE <u>J. M. Stratton M.D.</u>	
25C. FUNERAL DIRECTOR'S SIGNATURE <u>H. C. Rawson</u>		25D. ADDRESS <u>Safford</u>	